

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any positions replaced) Standard MWR NAF PD					3. Service					4. Employing Office Location					5. Duty Station					1. Agency Position No.														
7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt					8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest					9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					6. OPM Certification No.																			
10. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)					11. Position Is <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither					12. Sensitivity <input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive					13. Competitive Level Code																			
15. Classified/Graded by					Official Title of Position					Pay Plan					Occupational Code					Grade					Initials					Date				
a. Office of Personnel Management																																		
b. Department, Agency or Establishment																																		
c. Second Level Review					Identification Checker					NF					0085					01					SN 12-31-01									
d. First Level Review																																		
e. Recommended by Supervisor or Initiating Office																																		
16. Organizational Title of Position (if different from official title)										17. Name of Employee (if vacant, specify)																								
18. Department, Agency, or Establishment										c. Third Subdivision																								
a. First Subdivision										d. Fourth Subdivision																								
b. Second Subdivision										e. Fifth Subdivision																								
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.										Signature of Employee (optional)																								
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that										this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.																								
a. Typed Name and Title of Immediate Supervisor										b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)																								
Signature										Date																								
Signature										Date																								
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.										22. Position Classification Standards Used in Classifying/Grading Position																								
Typed Name and Title of Official Taking Action S. J. NEW Principal Classifier										OPM Grade Evaluation Guide for Police and Security Positions GS0083/0085 TS-87 Apr 88																								
Signature										Date																								
Signature										Date																								
23. Position Review										24. Remarks																								
a. Employee (optional)																																		
b. Supervisor																																		
c. Classifier																																		
25. Description of Major Duties and Responsibilities (See Attached)																																		

NONAPPROPRIATED FUND POSITION DESCRIPTION JOB TITLE: Identification Checker **POSITION NUMBER** 01-0108

JOB SERIES: 0085 **PAY LEVEL:** NF-1 **Summary of Duties:**

Requests and verifies identification. Enforces rules and regulations. Circulates among patrons to maintain order and to prevent damage to furnishings. Removes disorderly patrons from the activity. Patrols and protects property and buildings. Safeguards supplies, equipment and other items contained in or around facility. Reports fires, accidents, and any subsequent hazards, taking appropriate emergency action.

Maintains maximum security of assigned area by performing area security checks.

Perform other related duties as assigned.

Minimum Qualifications:

Must be able to understand and apply existing regulations regarding patron use of the activity. Must have the ability to deal effectively with coworkers, supervisors, and the public, to react spontaneously and to make sound decisions. Six months of experience is preferred.